



## Coronavirus Disease 2019 (COVID-19)

### COVID-19 in Newly Resettled Refugee Populations

Refugees to the United States, especially those who are recently resettled, may be in living or working conditions that put them at higher risk of getting COVID-19. Some refugees have limited access to health care, as well as certain underlying medical conditions that may also put them at higher risk of more severe illness from COVID-19, compared to the rest of the U.S. population.

A refugee is someone who has been forced to flee their country because of a well-founded fear of persecution for reasons of race, religion, nationality, or political opinion. Nearly 750,000 refugees resettled in the United States from 2008 to 2019, and thousands more have resettled since then.

Refugees are eligible for U.S. government-funded resettlement help, including healthcare benefits such as short-term health insurance for up to 8 months after arrival, and a medical exam within 90 days of arrival.

The impact of COVID-19 on the lives of resettled refugees remains unknown, as COVID-19 is a new disease. Meeting the healthcare and everyday needs of refugees, especially during health emergencies, can help keep communities safe.

### What Can Be Done for Refugee Health During COVID-19 Outbreak

Groups that want to help refugees and those who already serve refugees can share culturally sensitive resources on COVID-19 prevention, symptoms, and self-management. The Department of Health and Human Services, Office of Refugee Resettlement (ORR) provides a list of key [state contacts](#) who can connect to these partners.

#### Public health professionals can:

- Collect data about the sociodemographic and clinical characteristics of refugees who have COVID-19 to understand risk and identify appropriate methods to communicate prevention and control messages to refugee communities.
- Share information and work with resettlement agencies and other partners, such as health care systems and education, faith-based, employer, transportation, and housing organizations to find ways to break down social and economic barriers that block COVID-19 prevention efforts.
- Create health promotion multimedia materials in different languages that are appropriate for different cultures and/or literacy levels. These materials should be in print and online formats, including social media, so partners can use what is appropriate for their local refugee groups.
- Communicate often about COVID-19 with partners that assist refugees to learn about the impact of the disease on different refugee groups. Use these findings to better understand cultural, economic, social, and health factors among refugees that may have implications for them during the COVID-19 pandemic. Make sure the tailored communication is, clear, transparent, and credible.
- Provide background information for [healthcare professionals and health systems](#) to understand key demographic, cultural, and health characteristics of specific refugee groups resettling in the United States and health care

considerations for these populations, such as [CDC's Refugee Health Profiles](#) and the [CDC's Refugee Health Guidelines](#).

## Community organizations and resettlement agencies can:

- [Share COVID-19 resources](#) that are culturally sensitive for community, work, school, and home settings.
- Train community health workers in refugee communities to educate people about COVID-19 and link refugees to free or low-cost services.
- Work across different businesses and services to connect refugees with services, such as grocery delivery support or temporary housing, that help them [practice social distancing](#), especially when individuals or household members become sick or test positive for COVID-19.
- Work with partners to connect refugees with the community resources they need when refugees become sick or test positive for COVID-19, including medicines, healthcare providers, and mental health services.
- Help refugees get access to items to help prevent the spread of COVID-19, such as cloth face coverings, soap, hand sanitizer, or household cleaners.

## Healthcare systems and healthcare providers can:

- Provide language interpretation services in all relevant settings, such as phone triage and intake, inpatient units, and outpatient services.
- Learn about patients' barriers to COVID-19 prevention, and then work with resettlement agencies and other partners to reduce them.
- Reach out to patients and gather their updated contact information, preferred method of communication, and a plan for staying in contact if someone in their home gets sick with COVID-19.
- Where possible, incorporate telemedicine into health care settings if refugees have the means and are able to conduct virtual clinic visits.
- [Share resources](#) that use a culturally sensitive approach to educate patients about the impact of COVID-19, how to stay protected, and how to get care safely when needed.
- Connect newly arrived refugees who have [underlying medical conditions](#) to community partners that can help them develop and continue with their [care plans](#) and help them get needed supplies and medicines.

## Why Refugees May Be at Higher Risk During COVID-19 Outbreak

Due to social and economic conditions, resettled refugees face many of the same challenges that lead to poorer health for some [racial and ethnic minority groups in the United States](#). Refugees also face the challenges of a new healthcare system and finding health information they can understand.

### Living conditions and personal circumstances

For many resettled refugees, their living conditions may make it hard to prevent getting sick with COVID-19, or to seek treatment if they do get sick.

- Several generations residing in one house can make it hard to [protect older family members](#), as well as those of any age who have certain underlying medical conditions, such as diabetes or asthma. This may also make it difficult to isolate those who are sick, especially if living space is small, such as an apartment or a small house.

- Living in neighborhoods (urban or rural) that are far from healthcare, grocery stores or pharmacies can make it harder to get care if sick, and more difficult to stock up on medicines or other supplies.
- Lack of personal transportation such as a car can make it difficult to get to healthcare facilities, work, or stores. Refugees rely on public transportation such as buses, ride share, and trains, which are limited in some areas, especially during the current pandemic.
- Lack of access to television, radio, or Internet can make it difficult to get information about COVID-19. Refugees may not be able to read or understand English.
- Not yet being integrated into the community can limit potential support and links to friends, religious leaders, or community organizations.

## Work circumstances

With the help of resettlement agencies, refugees often work in entry-level jobs, where the type of work, and workplace policies, can increase the risk of getting sick with COVID-19. Two factors may increase risk:

- **Being a critical worker:** The risk of infection may be greater for refugee workers in essential industries, such as meat-packing plants, grocery stores, and factories. These workers often are required to be at the job site despite outbreaks in their communities, and many can't afford to stay home. Some of these kinds of jobs require public contact and close contact among fellow workers, increasing the risk of getting or spreading COVID-19.
- **Not having sick leave:** Refugees without paid sick leave may be more likely to keep working when they are sick or be exposed to someone who is sick with COVID-19—which means that they are more likely to spread COVID-19 to other workers, including other refugees who oftentimes work in the same facilities.

## Underlying medical conditions and lower access to care

Some refugees have underlying medical conditions and face barriers to healthcare, which may put them at higher risk of COVID-19. These include:

- **Lack of health insurance:** Refugees can access healthcare in the early resettlement period, with the help of resettlement agencies. However, after their short-term health insurance expires, up to 50% of refugees may be uninsured.
- **Language barriers:** Language barriers can affect healthcare access at every stage, from making an appointment, to relaying health concerns, to filling a prescription, or to taking medicine as prescribed. Language barriers may also prevent refugees from getting COVID-19 information that is not written using common everyday words with visuals and culturally relevant. Healthcare providers, clinics, or community groups can provide interpretation services to help fill these gaps.
- **Underlying medical and mental health conditions:** Compared to the general U.S. population, refugees may have certain underlying medical conditions (for example, diabetes) that put them at higher risk of more severe illness from COVID-19, as well as mental health conditions (e.g., post-traumatic stress disorder and depression). These conditions may be poorly controlled due to many years without regular preventative care.
- **Stigma and perceived discrimination:** These issues may prevent refugees from seeking care or being honest with their healthcare providers about their health needs.

Despite these barriers, refugees have the support of resettlement agencies, community groups, [state refugee coordinators](#) , and healthcare providers. State, local, and community response to COVID-19 should include working with these resource groups in their COVID-19 response efforts, who are trusted members of refugee communities.

# Helpful Resources:

[COVID-19 in Racial and Ethnic Minority Groups](#)

[Households Living in Close Quarters: How to Protect Those That Are Most Vulnerable](#)

[Guidance for Large or Extended Families Living in the Same Household. !\[\]\(dfbd6b3763a6d1d9afaa974f64e2e4b5\_img.jpg\) \(Living in Shared Housing\)](#)

[Print Resources](#)

[CDC Refugee Health Profiles](#)

[CDC Resources in Languages Other than English](#)

[HHS Administration for Children & Families Office of Refugee Resettlement \(ORR\) Key Contact List !\[\]\(ec9132f1d27c8919987d92907322654d\_img.jpg\)](#)

[HHS Administration for Children & Families Office of Refugee Resettlement: Refugees !\[\]\(05be7c7a8995decd503647c99211f7c2\_img.jpg\)](#)

[NIH HealthReach: Health Information in Many Languages !\[\]\(aa53ad6fea213b8b2226d3077e30533a\_img.jpg\)](#)

[People at Higher Risk for Severe Illness](#)

[Stress and Coping](#)

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